

State of California  
ABC-281  
10/99

Department of Alcoholic Beverage Control

License Type: 34 One Day Beer & Wine  
License Nontransferable

LICENSE NO. 9524242  
Receipt No. 2482531  
Fee Paid \$100.00  
Geographical Code 1933

**APPLICATION:**

Pursuant to the authority granted by the organization named below, the undersigned hereby applies for the above designated license(s) for the location also described below.

ORGANIZATION: HOLLYWOOD FOREVER INC-ENDOWMENT CARE & MEMORIAL CARE  
LOCATION ADDRESS: 5970 SANTA MONICA BLVD  
LOS ANGELES, CA 90038

TYPE OF EVENT: CONCERT

HR/DATES DURING WHICH  
ALCOHOL WILL BE SOLD:  
February 21, 2018 - February 22, 2018  
8PM-11:30PM

ESTIMATED ATTENDANCE: 295

AUTHORIZED REPRESENTATIVE / ADDRESS

JAY BOILEAU  
5970 SANTA MONICA BLVD  
LOS ANGELES, CA 90038

**LICENSE:**

The above-named organization is hereby licensed, pursuant to Section 24045.1 of the Business and Professions Code and Rule 59.5 of the California Code of Regulations, to engage in the temporary sale of alcoholic beverages for consumption at the above-named location for the period authorized below. This license does not include off-sale ("to-go") privileges. This license may be revoked summarily by the Department if, in the opinion of the Department and/or the local law enforcement agency, it is necessary to protect the safety, welfare, health, peace, and morals of the people of the State.



Good for 2 day(s). Date Issued February 20, 2018.

Director of Alcoholic Beverage Control

By \_\_\_\_\_

A handwritten signature in black ink, appearing to read "S. M. W." or "S. M. W. M.", positioned over a horizontal line.

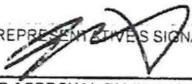
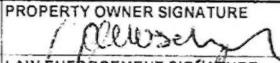
## DAILY LICENSE APPLICATION/AUTHORIZATION - Non Transferable

Instructions: Complete all items. Submit to local ABC District Office with required fee (Cashier's Check or Money Order) payable to ABC. Once license is issued, fee cannot be refunded. For a listing of ABC District Offices please visit <http://www.abc.ca.gov/distmap.html>

Pursuant to the authority granted by the organization named below, the undersigned hereby applies for the license(s) described below.

Indoor

LICENSE NUMBER 4524242	GEO CODE
RECEIPT NUMBER 2482531	
FEE \$ 100	

1. ORGANIZATION'S NAME Hollywood Forever Inc. - Endowment Care & Memorial Care	CONDITIONS REQUIRED <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	DIAGRAM REQUIRED <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. LICENSE TYPE (Check appropriate license type AND organization type)		
<p>a. <input type="checkbox"/> Daily General (\$25.00) <i>(Includes beer, wine and distilled spirits)</i></p> <p><input type="checkbox"/> Political Party/Affiliate Supporting Candidate for Public Office or Ballot Measure <input type="checkbox"/> Fraternal Organization in Existence Over Five Years with Regular Membership</p> <p><input type="checkbox"/> Organization Formed for Specific Charitable or Civic Purpose <input type="checkbox"/> Religious Organization</p> <p><input type="checkbox"/> Other: _____ <input type="checkbox"/> Vessel per Section 24045.10 B&amp;P (\$50.00)</p>		
NUMBER OF DISPENSING POINTS		
<p>b. <input type="checkbox"/> Special Daily Beer (\$25.00) <input checked="" type="checkbox"/> Special Daily Beer &amp; Wine (\$50.00) <input type="checkbox"/> Special Daily Wine (\$25.00)</p> <p><input type="checkbox"/> Charitable <input type="checkbox"/> Fraternal <input type="checkbox"/> Social <input type="checkbox"/> Political <input type="checkbox"/> Other: _____</p> <p><input type="checkbox"/> Civic <input type="checkbox"/> Religious <input checked="" type="checkbox"/> Cultural <input type="checkbox"/> Amateur Sports Organization</p>		
NUMBER OF DISPENSING POINTS 1		
<p>c. <input type="checkbox"/> Special Temporary License (\$100.00) <i>(Different privileges depending on statute)</i></p> <p><input type="checkbox"/> Television Station per Section 24045.2 or 24045.9 B&amp;P <input type="checkbox"/> Person conducting Estate Wine Sale per Section 24045.8 B&amp;P</p> <p><input type="checkbox"/> Nonprofit Corporation per Sections 24045.4 and 24045.6 B&amp;P <input type="checkbox"/> Women's Educational and Charitable Organization per Section 24045.3 B&amp;P</p> <p><input type="checkbox"/> Other Special Temporary Licenses, per Section _____</p>		
<p>License number _____ Amount \$ _____</p>		
<p>3. EVENT TYPE <input type="checkbox"/> Dinner <input type="checkbox"/> Dance <input type="checkbox"/> Wedding <input type="checkbox"/> Lunch <input type="checkbox"/> Picnic <input type="checkbox"/> Barbeque <input type="checkbox"/> Social Gathering <input type="checkbox"/> Festival <input type="checkbox"/> Sports Event <input checked="" type="checkbox"/> Concert <input type="checkbox"/> Birthday <input type="checkbox"/> Mixer <input type="checkbox"/> Carnival <input type="checkbox"/> Dinner Dance <input type="checkbox"/> Other: _____</p>		
<p>4. TOTAL # OF DAYS 2</p>		
<p>5. ESTIMATED ATTENDANCE 295 per night</p>		
<p>6. HOURS OF ALCOHOLIC BEVERAGE SALES, SERVICE AND/OR CONSUMPTION From 8:00pm To 11:30pm</p>		
<p>7. EVENT DATE(S) Wednesday 02.21.2018, Thursday 02.22.2018</p>		
<p>8. EVENT IS OPEN TO THE PUBLIC <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>		
<p>9. EVENT LOCATION (Give facility name, if any, street number and name, and city) The Masonic Lodge - 5970 Santa Monica Blvd, Los Angeles, CA 90038</p>		
<p>10. LOCATION IS WITHIN THE CITY LIMITS <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>		
<p>11. TYPE OF ENTERTAINMENT Music: BRUNO MAJOR</p>		
<p>12. SECURITY GUARDS <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>		
<p>13. AUTHORIZED REPRESENTATIVE'S NAME Jay Boileau</p>		
<p>14. REPRESENTATIVE'S TELEPHONE NUMBER _____</p>		
<p>15. REPRESENTATIVE'S ADDRESS 6000 Santa Monica Blvd, Los Angeles, CA 90038</p>		
<p>16. ORGANIZATION'S MAILING ADDRESS (If different from #15 above)</p>		
<p>17. AUTHORIZED REPRESENTATIVE'S SIGNATURE </p>		
<p>18. DATE SIGNED 01.30.2018</p>		
<p>PROPERTY OWNER APPROVAL BY (Name), REQUIRED Yogu Kanthiah</p>		
<p>PHONE NUMBER _____</p>		
<p>PROPERTY OWNER SIGNATURE </p>		
<p>DATE SIGNED 01.30.2018</p>		
<p>LAW ENFORCEMENT APPROVAL BY (Name), IF APPLICABLE A. EURANK #137252</p>		
<p>PHONE NUMBER _____</p>		
<p>LAW ENFORCEMENT SIGNATURE </p>		
<p>DATE SIGNED 01.30.2018</p>		
<p>DISTRICT OFFICE APPROVAL BY (Name)</p>		
<p>ABC EMPLOYEE SIGNATURE _____</p>		
<p>ISSUANCE DATE 2/1/18</p>		

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